

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

VI Musalendaetts				File with: City or Town Cler	rk or Election Commission
Fill in Reporting Period dates:	Beginning Date: 5	/25/2020	Ending :	Date: 6/20/2020	
Type of Report: (Check one)					
8th day preceding preliminary	8th day preceding election	X 30 day	after election	year-end report	dissolution
Mary Winstanley O'Conno	or			2020	10
Candidate Full Name (if applicable)			Committee Name	-
Assessor - Arlington				2 12	-4,2
Office Sought and			Na	une of Committee Treasurer	
781 Concord Tpk., Arlin		-		Committee Meiling Adduses	.2 5
E-mail: moconnor@ koilaw.co		E-mail:		ommittee Mailing Address	
Phone # (optional): (617) 523–10		Phone # (o	ntional):	(<u>u</u>)	
(017) 323-10	10	Filone # (0	ptionar).		
	SUMMARY BALANC	CE INFOI	RMATION:		
Line 1: Ending Bala	nce from previous report	To the state of th		0	
Line 2: Total receipts this period (page 3, line 11))		0	
Line 3: Subtotal (line 1 plus line 2)				0	
Line 4: Total expend	ditures this period (page 5, lin	ne 14)		0	
Line 5: Ending Bala	nce (line 3 minus line 4)			0	
Line 6: Total in-kind	d contributions this period (p	age 6)		0	
Line 7: Total (all) or	Line 7: Total (all) outstanding liabilities (page 7)		0		
Line 8: Name of bar	nk(s) used: Santander				
Affidavit of Committee Treasurer: I certify that I have examined this report includin activity, including all contributions, loans, receip finance activity of all persons acting under the au Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY Candidate with Committee I certify that I have examined this report including activity of all persons acting under the public.	ts, expenditures, disbursements, in-kind thority or on behalf of this committee in : Affidavit of Candidate: (check 1 behalf of the committee in the committe	ox only) ne best of my kn	nd liabilities for th th the requirement:(Treasurer owledge and belief	is reporting period and repress of M.G.L. c. 55. 's signature) The provided HTML representation of the period and representation of	ents the campaign
Candidate without Committee I certify that I have examined this report including contributions, load campaign finance activity, including contributions, load campaign finance activity of all persons activity.	itures on my behalf during this reporting the second it is, to the second it is, the second it is to the second it is is, to the second it is, the second it is is, to the second it is is it is in the second it	g period that ar te best of my kn	e not otherwise dis owledge and belief ibutions and liabili	closed in this report. f, a true and complete statemeties for this reporting period a	ent of all campaign
Signed under the penalties of perjury			(Candidate	Date:	6/20/2020

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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Lagrand Annual A		Permission		
	314		The second secon	
]		
ine 9: Total Receip	ots over \$50 (or listed above)			
ine 10: Total Recei	pts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD		- Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

eport an expendi	To Whom Paid	nittee name and a page number on	each page.)	*** · * * * * * * * * * * * * * * * * *
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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The state of the s				75 +1 . da 1 474
			2	7.7 (2.8)
			103	198 U.S.
				2.5
				L
		1		

		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
				<u> </u>
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
- Constitution of the Cons				
To the state of th				
				17-15
1				
The second secon				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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			72	126
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